



PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
19744P-000180US

In re Application of MICHAEL EVANS et al.

Application Number 09/704,967

Filed November 1, 2000

For THROMBOLYSIS DEVICE

Art Unit 3763

Examiner HAN, Mark

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))
☐ Two months (37 CFR 1.17(a)(2))
☐ Three months (37 CFR 1.17(a)(3))
☒ Four months (37 CFR 1.17(a)(4))
☐ Five months (37 CFR 1.17(a)(5))
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 740 .
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.. Registration Number 29,541
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Feb. 13, 2004

Date

Signature
Lynn M. Thompson, Reg. No. 47,991

for James M. Heslin, Reg. No. 29,541

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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